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ABSTRACT

Many more people are in need of rehabilitation, social services, and education than there are professionals available to provide help. This gap in service has led to the exploration and utilization of nonprofessionals to fill these roles. Many of these nonprofessionals are peers of the needy people. This adds the advantage of "peer relationships" as a positive dimension in the interaction of helper and client. Two programs at the Juniper Gardens Children's Project at the University of Kansas--the Juniper Gardens Family Education Program (FEP) and Survival Skills for Urban Women--use this model where women become peer trainers for program participants. Evaluations of these and other peer training programs show the efficacy of using peer trainers as deliverers of behavioral community programs. For maximal utilization of this model the following five strategies are suggested: (1) selecting peer-trainers; (2) establishing competencies; (3) training competencies; (4) measuring outcome/monitoring performance; and (5) maintaining acquired competencies/quality control. Statistical data are presented. (Author/VM)

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Utilizing Urban Women as Peer Trainers in Behavioral Community Programs

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ABSTRACT

UTILIZING URBAN WOMEN AS PEER TRAINERS
IN BEHAVIORAL COMMUNITY PROGRAMS

Linda P. Thurston, Ph.D.

Many more people are in need of rehabilitation, social services and education than professionals available to provide help. This gap in service has lead to the exploration and utilization of the "nonprofessional." The use of "nonprofessionals" adds a "peer relationship" dimension. Many advantages to the peer helper relationship would not be possible when using a professional helper. Most notable is a shared history where the "leader" is a survivor and role model. This type of relationship is an adaptation of what Tharp and Wetzel (1969) call a "triadic" model of intervention or a variation of Berstein's interactive model of behavioral service delivery.

There are two programs at the Juniper Gardens Children's Project which utilize urban women as peer trainers--the Juniper Gardens Family Education Program (FEP) and Survival Skills for Urban Women. These programs, other research reporting successful use of peers as helpers, and the facts concerning the gap between providers and clients, point to the necessity and the efficacy of using peer trainers as deliverers of behavioral community programs. This paper suggests a five point strategy for maximal utilization of peer paraprofessionals in behavioral programs: 1) selecting peer-trainers, 2) establishing competencies, 3) training competencies, 4) measuring outcome/monitoring performance, 5) maintaining acquired competencies/quality control.

The enormous gap between the number of people in need of rehabilitation, social services, and education, and the small cadre of people available to provide help and support is so vast it may never be bridged (Albee, 1982; Kessler, 1980; President's Commission on Mental Health, 1978; President's Commission on Mental Retardation, 1980). Several studies and several different sources concluded that there are between 32 million and 35 million seriously disturbed and mentally handicapped persons in the United States (Keiser, 1980). The President's Commission on Mental Health (1978) estimates that only about 7 million persons are actually being seen annually by mental health professionals in all the clinics, hospitals, agencies, and private offices. With the current political climate of this country and the resulting budgetary reductions, the probability that this numerical gap will be reduced is extremely low.

Albee (1982) suggests that primary prevention interventions and programs could greatly reduce the number of unserved people. However, prevention programs and the need to expand treatment (e.g., least restrictive alternative living conditions) place an added burden on the strain between number in need of services and professionals (Barten, 1974).

The need to resolve professional personpower shortages and to expand treatment and prevention programs has led to higher priorities being placed on the exploration and utilization of the "nonprofessional" in a wide variety of services. Paraprofessionals offer an inexpensive and continuous treatment resource, able to augment existing therapeutic and educational staff capabilities (Johnson & Katz, 1973). Behaviorists have recognized the importance of paraprofessionalism and 21 applied behavior analysis studies involving adult paraprofessionals as change agents have been published in the Journal of Applied Behavior Analysis, Behavior Modification, Behaviour Re-

search and Tnerapy, Community Mental Health, Exceptional Children and Community Mental Health Journal, since 1967. A review of these studies indicated that paraprofessionals can be utilized effectively in behavioral programs, as judged by client outcome and paraprofessional performance (Terry, 1982).

In these behavioral studies of paraprofessionals as change agents in educational and mental health settings, nearly all the paraprofessionals were females. Most of the clients of the paraprofessionals were children in educational settings. In 5 studies, the paraprofessionals worked with other adults. Panyan, Boozer, and Morris (1970) trained all personnel in an institutional setting to apply behavioral procedures with male and female retardates. A guard at an industrial factory in Mexico City was trained to deliver a token economy with 12 industrial workers (Herman, DeMontes, Dominques, Montes, and Hopkins, 1973). Enright and Parsons (1976) utilized non-professional homosexuals to provide crisis counseling with homosexuals in crisis. Upper, Lochman, and Aveni (1971) reported using foster parents as contingency contractors with former psychiatric patients, and Powell, Felce, Jenkins, and Lunt (1979) trained a volunteer to teach gardening sessions in a home for the elderly.

In the fields of social work and psychology, the value of self-help or mutual help is becoming recognized. This work includes the above rationale for using nonprofessionals as service providers for others, however, it adds a "peer relationship" dimension that has not been addressed in the behavioral literature.

The self-help or mutual help movement began in nursing homes and in

women's health collectives. Its focus is on getting people together who share a common problem or set of problems and thus providing for additional or alternative ways of coping with both normal and unusual crises in their lives (Silverman, 1980). In mutual help experiences, professional credentials are irrelevant; in fact, they may be detrimental to the effect of the experiences. Silverman (1980) lists these characteristics of the "leader" of a self-help group; she shares past experience (helper and others share a history of the same problem); she is a "survivor", that is, she has coped successfully with the same problem; she provides new information and ia a new role model in the experience.

According to Silverman (1980) this peer relationship of the helper and those who seek help is a key to the success of self-help groups and their rapid expansion across the country. Examples of such groups are Alcoholics Anonymous, Parents Without Partners, Weight Watchers, National Association for Retarded Citizens, and Parents Anonymous. Silverman (1980) states that these groups are successful because participants find others "just like me", because they learn that other people have similar feelings and that those feelings can be "normal" in their circumstnaces, and because participants "feel cared about and supported".

Peers helping each other is an adaptation of what Tharp and Wetzel (1969) called a "triadic" model of intervention. In this model, which has naturally emerged from applied behavioral research, the professional need not (possibly should not) have the direct interaction with the "client". The triad of consultant or professional, mediator or nonprofessional, and target represents the convergence of behaviorism, deprofessionalization, and the utilization of natural relationships. Bernstein (1982) suggests a

more complex interactive model of behavioral service delivery which utilizes behavior managers as the "mediator" suggested by Tharp and Wetzel (1969). In her four-function model, Bernstein adds a behavioral consultant who is a resource provider who works with the behavioral engineer and the behavior manager. The Consultant functions as a troubleshooter/Resource Provider and the behavioral engineer is the "Designer" and the manager is the program implementer. The consultant works with the engineer and the manager. The model is interactive because it assumes that the four functions influence each other.

Both the triadic model and the interactive model emphasize utilization of mediators in the delivery of behavior change programs to clients. In this way these systems meet the characteristics addressed earlier of a mutual help or self-help experience (Silverman, 1980; Kaiser, 1980; Albee, 1982). Placing a peer of the clients or program recipients in the mediator or implementer function compliments behavioral programs with the advantages of utilizing the peer relationship, the "survivor" role model, and the shared experiences of mutual help experiences.

Peers as mediators, implementers, and trainers have been utilized in a variety of behavioral programs. Peer trainers (primarily female) have been utilized in several parent training programs. Marilyn Clark Hall's Responsive Parenting (Clark-Hall, 1977) and Phyllis Levenstein's Mother-Child Home Program (Levenstein, 1976) are examples. Fawcett and his colleagues (Fawcett & Fletcher, 1970) successfully trained low-income neighborhood women to write instructional packages to be used to train other staff

to do their jobs at a neighborhood service center. This center, Penn House, is based on the self-help concept described earlier and used peers to provide help to neighborhood residents who seek help at the community center. Mathews and Fawcett (1970) report successfully training 3 low-income females who were staff at Penn House to be proctors of instructional packages for peers to use with neighborhood residents. In this study, the peer-trainees (Penn House staff) of trained proctors (low income women) learned more than the peer-trainees of non-trained proctors.

There are two programs at the Juniper Gardens Children's Project which utilize urban women as peer trainers for programs developed and evaluated at the project. One of these was a parent training program, the Juniper Gardens Family Education Program (FEP). This program, whose development was funded by the Office of Special Education in a four year project, provided in-home parent training for mothers of young handicapped children in a low income urban area of Kansas City, Kansas. Trained paraprofessionals were women from the local neighborhood who either were mothers of children with special needs or who had had experience with handicapped children in local preschool or day care settings. They learn to deliver a behavioral program designed by professional staff and paraprofessionals and serve as community parent trainers or Home Visitors. The Home Visitors assess the learning needs of the children, and teach parents a series of 12 lessons in the home which emphasize behavior managemental procedures and teaching skills. A parenting skill is explained and modeled during the home visit. Parents practice the new skill with corrective feedback and support. When parents learn the skill (meet criterion) they are taught the next skill in the sequence during the next home visit. Parents are given homework assignments

which involve practice of behavior management skills, simple data taking, and teaching the child new skills based on preassessed needs of the child. The program was evaluated in terms of parent behavior, child behavior, parent satisfaction, and use of program procedures by Home Visitors (Reference Report). Home Visitors were trained in a behavioral program at a community college, with on-the-job training in the Family Education Program Procedures. One Home Visitor was trained using on-the-job training only.

The other program at Juniper Gardens that utilizes urban women as peer trainers is Survival Skills for Urban Women, a research and development project funded by the Office of Human Development Services (Thurston, Greenwood, Adams, Dasta, Johnson, and Parr, 1980). The program is a series of 10 workshops which teach urban, low-income women basic skills which are prerequisites to successful participation in education and employment, and lead to economic independence.

The topics of the 3-hour workshops are: assertiveness, personal health, nutrition, money management, parenting, legal rights, self-advocacy, community resources, coping with crisis, and employment. The workshops, delivered by a peer trainer, are designed to promote supportive social interactions among workshop participants. Women in the workshops also learn to support each other and to develop peer relationships that will support generalization of skills to settings outside the 10 workshops.

The women who participate in this project develop new skills to help them achieve economic and personal independence, to help them establish a community network and support group base with other women, and to help them develop an increased awareness of personal power and self-determination. The

workshop participants practice the new skills in a group setting and receive support from the community group leader and other group members before trying their newly learned skills in home and community environments. In addition to the specific skills mentioned earlier, the workshops will provide opportunities for participants to develop a community communications network that will provide support and reinforcement for their new skills and their new behaviors.

Over 300 women have participated in Survival Skills Workshops and workshops have been implemented within such organizations as the YWCA, a community mental health center, Head Start, battered women's shelters, community colleges, probation and parole agencies, work incentive programs, and transitional agencies for the chronically mentally ill. A delivery system has been designed for implementing and maintaining the program independent of the program developers, and the workshop series and delivery system materials have systematically been evaluated using group and single-subject research designs.

The feasibility of using peers as helpers in behavioral programs rests on the development of a technology to teach competencies to others and of maintaining the system at quality levels (Fawcett, Mathews, Fletcher, Morrow, Stokes, 1976). The programs mentioned earlier, other research reporting successful use of peers as helpers, and the facts concerning the gap between providers and clients, point to the necessity and the efficacy of using peer trainers as deliverers of behavioral community programs.

This paper suggests a strategy for maximal utilization of peer paraprofessionals in behavioral programs. The five point plan consists of these steps:

1. selecting peer-trainers
2. establishing competencies
3. training competencies
4. measuring outcome/monitoring performance
5. maintaining acquired competencies/quality control

Step #1: Selection of Peer Trainer

Choosing a paraprofessional to work in a behavioral community program is the step of this model that has the least behavioral evidence to rely upon. "Warm", "empathetic", "just like me", "a belief system concerning change in human behavior", "indigenous worker", "mutual interests and common cause with program participants", "residing in the same or similar locality", "sharing a minority group status", are all characteristics used to describe appropriate paraprofessionals for various programs (Grosser, 1969; Sobey, 1970; Silverman, 1980). The characteristics used to select peer trainers in the two Juniper Gardens programs, the Family Education Program and the Survival Skills for Urban Women Program, were "sharing past experiences of program participants", "living in the same locality as program participants", "being a survivor of problems faced by program participants", "demonstrating good social skills", and "willingness to be a peer trainer".

In both these programs, it was important for the peer trainer to think of herself as a peer and a facilitator, rather than a trainer or a therapist. In the parent training program, she was called a Home Visitor, and in the Survival Skills program, the trainer is called a Community Facilitator or CF. She was not to be concerned about the mother's or participant's past, but rather to focus on the commonality of their present experiences. She always

was encouraged to give simple descriptive statements about herself and verbalize any past personal experiences relevant to the group's or individual's problems. The Home Visitor served as a role model for being a teacher of young handicapped children, the Community Facilitator served the role model of a "survivor".

Step #2: Establishing Competencies

Specifying the critical behaviors essential for program implementation is essential to establish the goals for training to assure competency and to evaluate the on-the-job performance of peer trainers. Keeping paraprofessional staff aware of what is expected of them is another benefit of establishing job competencies. Specifying competencies is also an essential component of program evaluation.

A variety of behavioral procedures have been taught to paraprofessionals. Token reinforcement systems, social praise, time-out, counseling, contingency contracting, and feedback are specific procedures used by non-professionals (Terry, 1982). Marilyn Clark-Hall (Hall, Grinstead, Collier & Hall, 1980) trains parents to conduct an 8-week parent training program (Responsive Parenting) to other parents. Fawcett and his colleagues (Fawcett & Fletcher, 1977; Mathews & Fawcett, 1977; Fawcett, Mathews, Fletcher, Morrow & Stokes, 1976) utilize low-income neighborhood residents to write and administer instructional packages which teach helping skills. Both of these community-based behavioral programs specified competencies which were directly related to program implementation.

The Family Education Program at Juniper Gardens utilized paraprofessionals

trained in a one year behavioral program offered by the University of Kansas and a local community college (Marquesen & Thurston, 1977; Marquesen, Thurston & Crowder, 1977). Competencies of the program were directly related to Family Education Program implementation competencies:

1. to solicit and accept referrals from agencies who serve families with handicapped children
2. to assess children's skills and development
3. to design behavior change programs for children in the program
4. to implement the 2-part parent training curriculum, Family Education Program

Behavioral objectives, training procedures, and criteria for meeting objectives have been developed for Curriculum A of the two-part curriculum for Parent Training. Curriculum A teaches basic behavior management procedures. Parents were taught behavior management procedures by the Home Visitor who utilized specific lessons. Parents were required to reach criteria on behaviors taught before continuing to the next lessons. Parents received a minimal stipend contingent upon completion of lessons, and specific work with their children. The skill-oriented lessons outline behaviors parents were taught during home visits. They are:

Lesson #1: Describing Behavior

Lesson #2: Describing and Praising Behavior

Lesson #3: Planned Ignoring and Descriptive Praise

Lesson #4: Time-Out and Descriptive Praise

Lesson #5: Instructions

Lesson #6: Using Contingencies

The second half of the curriculum used in training parents of handicapped children involves parents using the parenting skills learned in Curriculum A to teach specific new skills to their children. This is called Positive Teaching Strategies for Parents. Home Visitors selected new behaviors to teach based on the preassessment of each child and on the needs and interests of the child's parents. The Home Visitor developed lessons for each child based on those needs and helped parents develop their own lessons.

Manuals were developed containing background information, objectives, lesson plans, procedures, parent handouts, and data sheets designed for use by Home Visitors in assisting parents to acquire the following teaching skills:

Lesson #1: Assessing the Child's Skill Level

Lesson #2: Getting Your Child Ready to Work

Lesson #3: Defining the Skill or Task

Lesson #4: Basic Pre-Post Testing and Training Procedures

Lesson #5: Breaking the Task into Simple Steps

Lesson #6: Teaching for Success: Shaping, Fading and Chaining

Competencies for Community Facilitators consisted of seven implementation steps of Survival Skills for Urban Women program:

1. recruiting participants
2. establishing before and after routines
3. getting ready for the workshop series
4. use of standard presenting procedures
5. use of generic presenting procedures
6. managing program and workshop data
7. completing a series

These categories of competencies and the sub-competancies that make up each category were specified after the Survival Skills program was developed. They are the behaviors necessary to implement the program and their specification was a result of a series of task analyses of program implementation established during the development of the program. Lists were made of behaviors and program staff as they implemented the program within a local agency. These behaviors were categorized according to when they were performed along an implementation time line. Each behavior was divided into specific implementation steps which were then used by a non-staff CF to implement the program.

Step #3: Training

Modeling, role playing, contingency contracting, training packages, program implementation, error correction, counseling, performance record keeping, simulation, and feedback, are some of the primary training techniques reported in the paraprofessional training literature (Terry, 1982). Mathews and Fawcett (1977) and Kazdin (1977) found that a combination of instructional methods with planned lectures/discussion, motivational procedures, setting characteristics, feedback, self-monitoring, modeling/role playing, and social or token reinforcement were effective training techniques for developing adequate knowledge of behavior change strategies to be used with others. Gardner's (1972) investigation revealed that lectures were more effective in teaching basic principle, while role playing was more effective in teaching the skills to implement behavior change programs.

Given the limited resources that many organizations have for inservice training, a training model that makes the most of structured learning activities and on-the-job training and monitoring may be the most feasible. On-the-job training, or an apprenticeship, is one of the salient features of the programs at Juniper Gardens. Modeling and observation of program imple-

mentation was followed by practice and feedback (see Figure 1).

Insert Figure 1 About Here

During modeling, trainees were given checklists which they used to monitor the critical aspects of the procedure being modeled. This assured that their observing was not a "passive" experience and presented an opportunity for discrimination of procedures being taught. For example, Home Visitors being trained to administer the Denver Developmental Screening Test would watch the trainer give the test to children of various ages, following the testing forms during the observations. Role playing or practice with the client population was the next step in training. Although carrying out a procedure in a simulated situation does not assure generalization to client populations, it offers the advantages of massed practice, immediate feedback, and vicarious learning by others in the group. Other trainees and the instructor can fill out the feedback forms (procedural reliability checklists) during the role playing. This provides specific feedback to role players. In addition, the ability to discriminate or label the appropriateness or inappropriateness of the performance of fellow trainees facilitates acquisition of skills being taught. Criteria for proficiency were tied to these feedback forms.

The final step in training is practicing the skill with clients on-the-job. Although some paraprofessionals are able, after structured training, to competently perform skills on the job, others are not. The final

training phase in both FEP and Survival Skills programs involved trainees conducting the program as it was designed, within the format of apprenticeship training. Home Visitors accompanied other Home Visitors or professional staff on home visits as observers or co-Home Visitors. Community Facilitators, after training, would become a co-CF with an experienced CF. Finally, the peer trainers in both programs would implement the program independently with monitoring at every session or workshop. When criteria were reached, they would implement programs with only intermittent monitoring and feedback. Monitoring was essential to assure competent on-the-job performance as well as to assess training.

Step #4: Measuring and Monitoring

Once the peer trainer has been trained, the ultimate criterion of usefulness is the effective application of learned knowledge (McKeown, Adams & Forehand, 1975). Successful application and/or implementation of training procedures are the most effective evaluation and demonstration of competence. Successful application is measured by outcome effects on those trained by the peer trainers and by the performance of the trainer.

The behavioral objectives specified and the checklists used in training facilitated program and performance evaluation for FEP and the Survival Skills Project. To be sure the behavioral program and procedures were responsible for the change produced in clients, and to assure the degree to which findings may be replicated in other settings, procedural reliability was assessed (Billingsley, White & Munson, 1980). Procedures offer considerable opportunity for deviation, and monitoring the use of procedures by

the peer trainers was essential to evaluation and to maintaining a quality program.

The monitoring and feedback system for the Juniper Gardens programs are shown in Figure 2. Checklists were developed for both programs. These checklists were used in training, in monitoring on the job, for feedback purposes, and for gathering procedural reliability data. The FEP monitoring form was a series of questions, to be answered yes or no, which addressed Home Visitor behaviors from the beginning of the visit to the termination of the visit. Examples of the 38 items on the checklist are: Did the Home Visitor tell when to use the procedure? Did the Home Visitor correctly demonstrate the procedure? Did she praise the parent for doing the procedure correctly? Did she leave any materials in the home?

Insert Figure 2 About Here

A complex procedural reliability observation form was used for training and monitoring CFs in the Survival Skills program. Behaviors were listed in four categories of trained behaviors: getting ready procedures, standard presenting procedures, generic presenting procedures, and post-workshop finilization procedures. Getting ready and finalization behaviors made up a checklist of 12 and 7 behaviors respectively. These were checked before and after each workshop. Generic presenting procedures were 10 behaviors (i.e., appeared organized and prepared, praised participant responses, kept good eye contact) which were rated on a 7-point scale by the observer. Standard presenting procedures were the actual behaviors of leading the

workshops. CFs used workshop scripts containing exact prompts for all CF verbal behavior and teaching behaviors. Procedural reliability was computed by dividing the number of prompts in the scripts which were completed by the total number of prompts in the workshop script (varied from 111 to 215). Mean procedural reliability for the four categories of behaviors in implementing the Survival Skills Workshops, presented in Table 1, are based on five trained CFs who completed workshop series implementation after training.

TABLE 1

	Range	Mean (N = 5 CFs)
Getting Ready	76% - 91.4%	82.9%
Standard Presenting	84.8% - 91.6%	88.8%
Generic Presenting	87.2% - 97.3%	92.9%
Finalization	66.7% - 92.9%	80.6%

Also of relevance in considering evaluation of peer trainer performance is the kind of behaviors which are being modified by these trainers and how those behaviors are measures. Target behaviors for peer trainers have included counseling skills (Hall, Grinstead, Collier & Hall, 1980), helping skills (Fawcett, et al, 1976). Direct observation, permanent product, self-report, test scores, and frequency counts of crisis calls were used to measure the effects of these behavioral programs on program clients.

During the four year project, evaluation of parent training was an integral part of the program. Parents were pretested and post-tested on each skill taught. In order to verify the accuracy of the Home Visitor's observations, a second Home Visitor accompanied the regular Home Visitor during training of four families.

The result of a study conducted to determine the effectiveness of training on four behavior management skills taught appear in Figures 3 and 4. Four mothers of preschool-aged handicapped children were observed individually during home visits. The number of descriptions, descriptive praise statements, commands and questions the parent made during a 10-minute observation period wre recorded before training, directly after training, and just before training during the next home visit. Behaviors were recorded by tally using the Parent-Child Interaction Tally Sheet and Observation Code (Thurston & Jacobson, 1981). Two observers recorded behaviors simultaneously to check for agreement, or reliability, of their observations. The average reliability percentage for each behavior was: description, 96%; descriptive praise, 98%; questions, 90%; and instructions, 72%.

Insert Figures 3 and 4 Here

Figure 3 shows the number of descriptions and descriptive praise statements given by parents prior to and after training on descriptions and descriptive praise. Figure 3 shows the mean number of questions and inappropriate commands given during the same observation periods. Prior to training parents tended to give a higher rate of commands and questions while giving few, if any, descriptions or descriptive praise statements. After training, the number of descriptive and descriptive praise statements increased while the number of commands and questions decreased. During the pretraining observations with each family, the mean number of descriptions was 3.5, descriptive praise statements was 2.2, commands was 12.0 and questions was 12.2. After training on training day, means were 29.6 for descriptions,

9.0 for descriptive praise statements, 1.4 for commands and 5.1 for questions. Observations (probes) on the next home visit showed a slight decrease in mean descriptions to 28.4, and an increase in descriptive praise statements. Low rates of commands remained stable, and questions increased to a mean of 9, which is still lower than pre-training rates. It appeared that training did change parent behavior during observation sessions. After training on descriptions and descriptive praise, parents gave more descriptions and descriptive praise statements and fewer commands and questions.

The major program outcome effects of the Survival Skills program are evaluated in terms of the behaviors of the participants in and outside of the workshop setting. Pre-post interviews before, immediately after, and 6 months to 2 years follow-up, weekly pre and posttests over workshop content, attendance and program completion, and measures of generalization of skills to outside settings were utilized. Pre, post, and follow-up interviews provided outcome evaluation of the complete program. Measures included a 50 item Survival Skills knowledge test which is comprised of questions from each of the workshop pre-posttests, the Urban Living Skills Inventory, a list of behavioral competencies for survival judged relevant by service providers and "survivors", and demongraphic information. The evaluation of the program is built into the feedback system and the incentive system and is a part of the implementation methodology. Table 2 shows survival skills concept acquisition and attendance data for two groups trained by a peer and for two groups trained by a professional (M.A., or M.S.W.). These data show the effects of Survival Skills Workshops on participants, and they demonstrate the efficacy of using peer trainers.

The best score gain on workshop tests were 26.7% and 45.0% for the groups lead by professional trainers and 41.7% and 64.1% for groups with peer trainers. Workshop attendance was 76% and 58% compared to 65% and 75%; and dropout rate was 9% and 25% compared to 23% and 13%. The percent of workshop participants who completed the workshop series and earned certificates were 100% and 67% for professional trainers versus 80% and 86% for peer trainers. Pre-post gains on the Survival Skills Knowledge Test given before and after the workshop series were somewhat greater for groups with peer trainers. Those gains were maintained at follow-up.

Insert Table 2 About Here

Step #5: Maintaining a Quality Program

If you've got a good peer trainer, you don't want to lose her. If you have a not-so-perfect trainer, you want her to become better. Most of all, the developers and implementers of community behavioral programs want those programs to be implemented accurately and completely. Thus, maintaining trained competencies in staff or volunteers and assuring program quality are major concerns.

Continued intermittent monitoring of peer trainer performance is necessary to assure maintenance of new skills and prevention of procedural drift (Billingsley et al., 1980). Although feedback about performance from colleagues may be powerful maintainers of behaviors, there are other factors which influence performance. One of the prime motivators for professionals is to see growth and progress of clients with whom they work. Whenever

possible, improvement and successes of clients should be pointed out to paraprofessionals and their responsibility for this progress should be noted.

Reinforcement for good performance is an important part of maintaining quality programs. Reinforcers for peer trainers may not be the same as reinforcers for professionals. Also, Constatina Safilios-Rothchild (1979) warns that organizational rewards offered women are often in accord with sex role stereotypes (such as little gifts and being taken out for lunch) rather than more substantial impersonal rewards. Bonuses, notes of public acclaim, additional priviledges or responsibilities, trips to conferences, and inclusion in authorship of professional papers have been used as reinforcers in the programs at Juniper Gardens. Giving paraprofessionals increasing visibility in the community may strengthen performance and inclusing them on agency committees and boards and prompting them to represent the agency in community functions and outreach activities will promote program visibility and staff commitment.

The Survival Skills program has incorporated four trainer competency and program quality maintenance components during its development:

1. Data Collection: The literature on burnout tells us that "helpers" burn out when they don't see the effects of helping (e.g., Cowen, 1982; The Grantsmanship Center, 1981). The Survival Skills program incorporates data collection in its regular workshop implementation procedures and these outcome data are used to provide feedback and reinforcement for trainers. The program provides a built-in mechanism for the CF to collect, summarize, graph, and report precess and outcome data for the workshop series. Therefore, evaluation is not adjunct to the program, it is part of the program.

2. Monitoring with feedback: In the Survival Skills program, systematic collection of procedural reliability data provides a means to monitor CF behavior and give her feedback on her performance. Intermittent monitoring prompts feedback to CFs by supervisors or colleagues and it also assures consistent and appropriate use of the procedures involved in program implementation.

Meetings are also the vehicle for providing feedback to the CF about her performance. Providing feedback about her success in accomplishing implementation of the workshops helps shape the CF's behavior by pointing out the strengths and weaknesses of her performance. Feedback in the Survival Skills program is formal and systematic and it allows the program to be fully responsive to the people it serves.

Meetings can be delivered in the form of verbal approval, results of evaluation plotted on a graph and posted, and reports put in the CF's file, if she is a staff member. Giving precise information on CF performance and on the results of the workshops in terms of participant performance will improve and/or maintain a high level of CF performance. Monitoring and feedback forms are part of Survival Skills program materials. In addition, CFs are trained to summarize and graph and post workshop data to promote visibility of the program and of their work in implementing the program.

3. Self-Evaluation: A CF self-evaluation form was developed to prompt CFs to evaluate their own behavior and to consider the positive outcomes from the workshops they provide. CFs are asked to rate 15 behaviors which range in objectivity from "smiled with sincerity" to "arranged room before first participant arrived". Numerical ratings are added for a total score which is then categorized as "I did a fantastic job", "I gave a good workshop", and "I can do better than this".

The second half of the self-evaluation asks for two participant "success" stories (called Survival Stories), three things "I did well at this workshop", and three things "I need to improve on at the next workshop". The CF's manual for the program lists other ways the CF can garner reinforcers for her work with the program, such as invite supervisor to graduation of workshop participants, develop an advisory team within the agency, and arrange weekly meetings with the supervisor.

4. Reinforcement Systems: Providing accessibility to decision-makers in the organization is a key to maintaining the competence and enthusiasm of the CF. Therefore, an advocacy team within the organization which sponsors the program is part of Survival Skills for Urban Women. Having team members available for quick discussions periodically is a good way to keep track of the program and provide reinforcers for CF performance. There should be periodic meetings to discuss the positive aspects of the program. Also, CFs in the Survival Skills program may earn CF certification credentials for successful implementation of the workshop series.

Conclusions

The use of non-professionals and the development of effective behavioral technology for training and maintaining non-professionals in community programs continues to provide an optimistic view of the future of mental health and educational service delivery in urban communities. The field seems to be moving toward a new model of health and illness, a model that demands social change, personal responsibility for health, and the importance of support systems and networks (Albee, 1982). There is a practical and theoretical basis for using peers and social networks who are present in the natural environment to deliver effective behavioral community programs. More jobs can be provided for low-skill level people, and more needs can be served.

Cowen (1982) suggests that most people, especially non-middle class people, do not go to professional helpers, they go to networks of interpersonal involvement. Collins (1973) has argued that among low-income groups with limited access to (or fondness for) the services of a predominantly middle-class mental health establishment, natural neighbors and informal care givers are prime sources of help when personal problems developed. Collins and Pancoast (1976) have suggested that there are cultural and ethnic differences in help-giving and that natural neighbors and informal care givers may be prime sources of help available to poor people experiencing personal distress.

The literature on helping and coping has emphasized the positive aspects of having close personal relationships between helpers and those being helped (Cobb, 1976). People with such relationships have been found to cope

better with, among other things, problems of pregnancy (Nackolls, Cassel & Kaplan, 1972), physical disability (Smith, 1974), and bereavement (Clayton, 1975). Cautions, however, need to be issued with these glowing recommendations for the use of peer trainers in behavioral community programs. Fawcett and his colleagues (1976) warned that feasibility of the triadic model rests on the development of a technology to systematically and reliably teach competencies to community residents. The points issued in this paper suggest an effective strategy for utilizing urban women as peer trainers in community behavioral programs. The accountability and replicability of behavioral technology has the potential of allowing us to avoid what Brickman and his colleagues (Brickman, Rabinowitz, Karuza, Coates, Cohn & Kidder, 1982) call "secondary victimization", which they define as "the process by which victims are victimized once again by awkward and ineffective efforts to help them" (p. 378).

In designing behavioral programs that utilize mediators or implementers, Bernstein (1982) warns that ecologically valid training programs must examine results from a broader perspective than training and generalization procedures. Competing variables in natural ecosystems often account for program failures (Holman, 1977) and a neglected issue in program design is considering whether the organizational design of the system in which the behavioral program will be implemented, will facilitate or inhibit the use of the skills of the implementer (peer trainer) of the behavioral program (Bernstein, 1982). In utilizing peer trainers, an organization may set up competing variables by having unclear or unspecified job priorities, or by failing to account for the effects of the social system of program participants.

Although the paraprofessional movement provides jobs and training to low-skill level women, it also may exploit women by basing their work on the image of women workers which implies that women will work for little money or gratis as a volunteer, and they are best suited for nuturant jobs. here lies a second caution. Constantina Safilios-Rothchild (1979), in a comprehensive review of sex role socialization and sex discrimination, concluded that evaluation and rewards for women are more likely to be determined on the basis of idiosyncratic and unstable criteria which fluctuate unpredictably and require a commitment beyond the formal and impersonal work commitment. This fact tends to intensify the vagueness and ambiquity inherent in the criteria for judging the quality of work performance to stress sex-differentiated criteria in judging men and women (Safilios-Rothchild, 1979). Establishing behavioral competencies, specifying performance criteria, systematic training and feedback and program maintenance as outlined above will help assure that behavioral community programs exploit no one. Pay scales, credentials for training, career ladders, and formal and informal reinforcement systems must be carefully non-biased. Although women are traditionally socialized to accept low-paying, low-skill level jobs which are based on nuturing and helping behaviors, we must not succumb to these stereotypes as we use our technology to develop practical and useful programs which will be delivered by nonprofessionals.

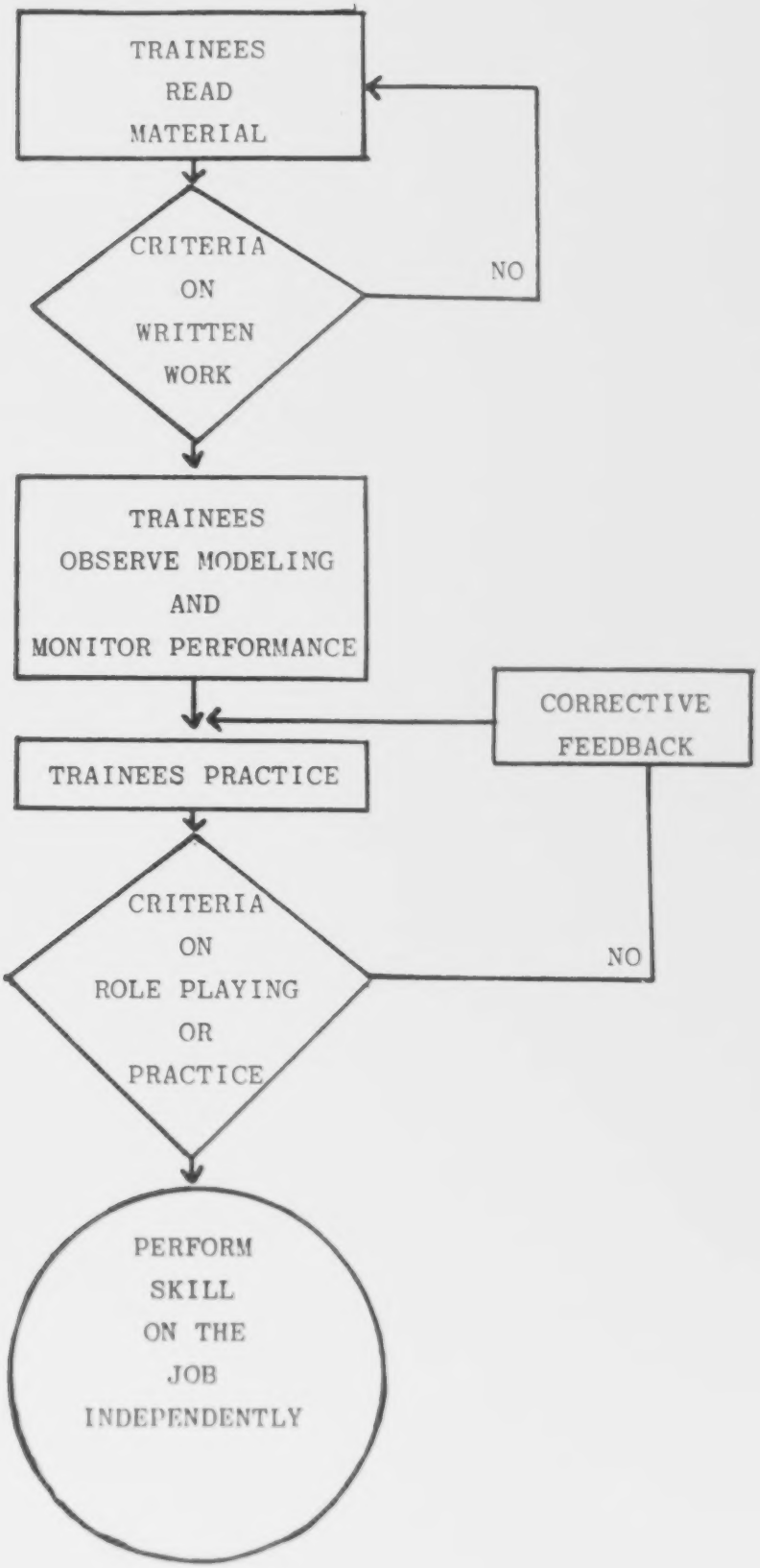

Fig. 1. Model for training urban women as peer trainers in community behavioral programs

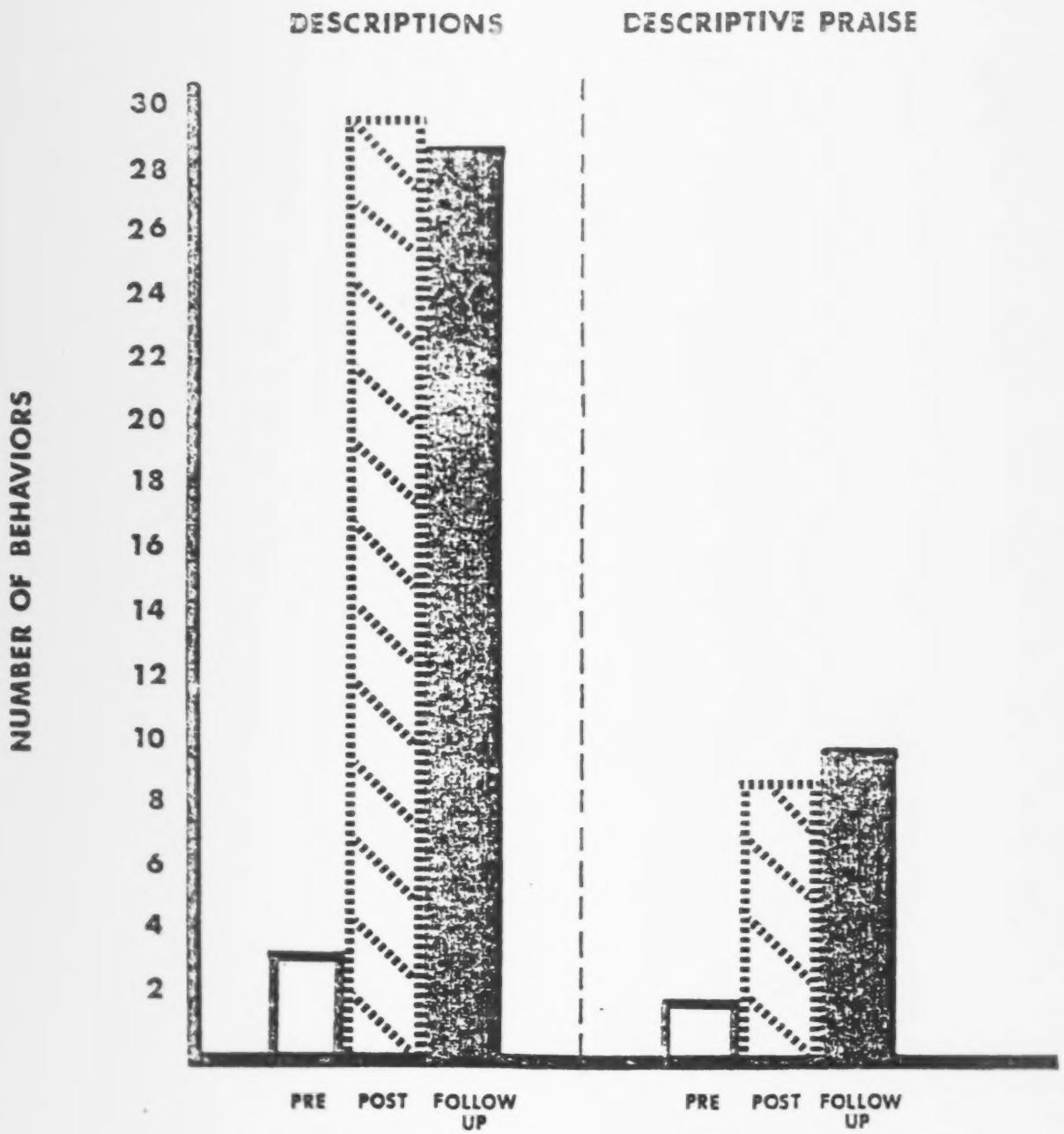

FIGURE 42 - MEAN NUMBER OF DESCRIPTIONS AND DESCRIPTIVE PRAISE OF FOUR MOTHERS BEFORE AND AFTER TRAINING

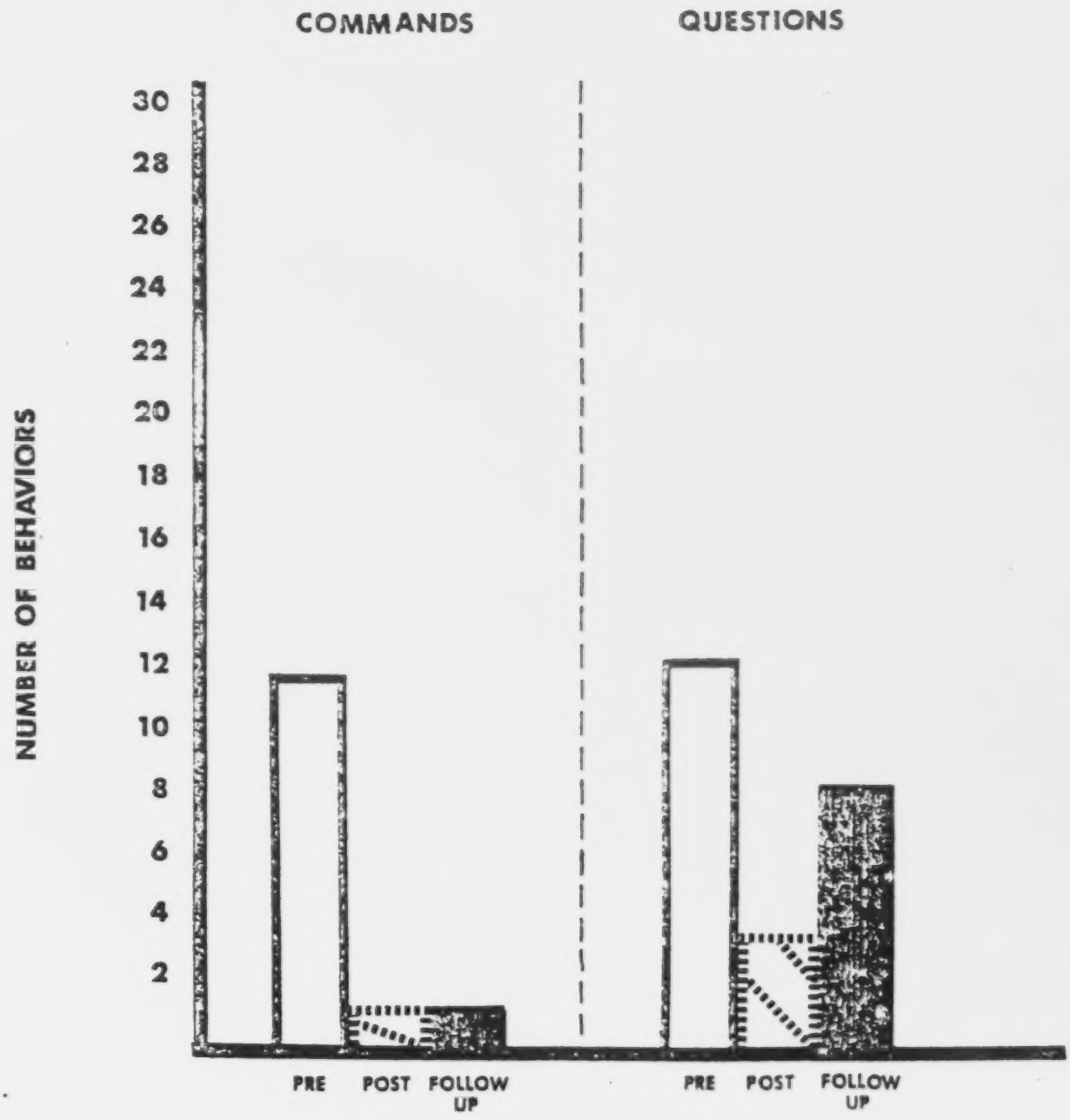

FIGURE 3. MEAN NUMBER OF QUESTIONS AND INAPPROPRIATE COMMANDS OF FOUR PARENTS BEFORE AND AFTER TRAINING ON DESCRIPTIONS AND DESCRIPTIVE PRAISE

TABLE 2

FACILITATOR	UNIT TEST: Workshop Pretests $\bar{X}$ Score	UNIT TEST: Workshop Posttest $\bar{X}$ Score	UNIT TEST: Unit Test Gain $\bar{X}$	ATTENDANCE: Workshop Atten. $\bar{X}$	ATTENDANCE: Dropout %	ATTENDANCE: Completion (70% Wkshp) %	SURVIVAL SKILLS KNOWLEDGE TEST: Pre $\bar{X}$	Post $\bar{X}$	Follow-up $\bar{X}$
Group #006									
Professional Trainer (Staff) N=10	52.5	79.2	26.7	76%	9%	100%	44	58	
Group #016									
Professional Trainer (Trained) N=9	29.5	74.5	45.0	58%	25%	67%	16	41	NA
Group #013									
Peer Trainer (Staff) N=9	23.6	65.3	41.7	65%	23%	80%	17.6 N=4	48.7 N=4	28.4 N=4
Group #014									
Peer Trainer (Staff)	11.8	64.1	52.3	71%	13%	86%	11.7 N=4	59.3 N=4	39.0 N=4

Process and outcome data summaries of workshop and program Survival Skills knowledge acquisition and workshop attendance for four groups, 2 with professional trainers and 2 with peer trainers.

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